

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: METHOD AND APPARATUS FOR DETERMINING A DORSIFLEXION ANGLE
Attorney Docket Number:: 60019620-0228
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 9
Total Drawing Sheets:: 8
Small Entity?:: Yes
Secrecy Order in Parent?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jack
Middle Name::
Family Name:: Engsberg
City of Residence:: Eureka
State or Province of Residence:: MO
Country of Residence:: US
Street of Mailing Address:: 9 North Trail
City of Mailing Address:: Eureka
State or Province of Mailing Address:: MO
Postal Code of Mailing Address:: 63025

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kelly

Middle Name:: Jean
Family Name:: King-Ellison
City of Residence:: Minneapolis
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 545 North First Street, Unit 141
City of Mailing Address:: Minneapolis
State or Province of Mailing
Address:: MN
Postal Code of Mailing Address:: 55401

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nathaniel
Middle Name:: E.
Family Name:: Hawkins
City of Residence:: Lake Hiawatha
State or Province of Residence:: NJ
Country of Residence:: US
Street of Mailing Address:: 10A Mara Road
City of Mailing Address:: Lake Hiawatha
State or Province of Mailing
Address:: NJ
Postal Code of Mailing Address:: 07034

Correspondence Information

Correspondence Customer Number:: 26263

Assignee Information

Assignee Name:: Barnes-Jewish Hospital